

Child Welfare Service Changes

March 16, 2007

Following is updated information about changes that are occurring in child welfare services over the next year. The information is provided in response to various questions asked by internal and external partners since the January 5 update. This information reflects our current thinking. The actual requirements of the procurement will be included in the RFP.

Child Welfare Services – General /All Services

Q1: Are the new services still expected to be up and running by 07-01-07?

A1: See the revised chart below for the projected dates for specific procurements.

Service	Tentative Procurement Timeline	Tentative Contract Timeline
Family Centered Services - Safety plan services; and Family, safety, risk and permanency services	March 2007	October 2007
Family Centered Services - Drug testing	March 2007	July 2007
Family Centered Services - Family team meetings	Fall 2007	January 2008
Family Centered Services - Legal fees for permanency	Summer 2007	January 2008
Group care	Fall 2007	July 2008
Supervised apartment living	Summer 2007	January 2008

Family Centered Services (FCS) – Safety Plan Services and Safety, Risk & Permanency Services

Q2: How will the procurement process assure that bidders network well with other neighborhood-based agencies?

A2: It is anticipated proposals will be scored according to the expectation that neighborhood agencies be included in future service provision.

Q3: In January, DHS indicated that contractors would be required to be accredited by the Council on Accreditation (COA) or Joint Commission on Accreditation of Health Organizations (JCAHO), or must have applied for and achieve accreditation within a reasonable timeframe. Has DHS “refined” these criteria any further?

A3: We’ve reviewed COA and JCAHO standards, as well as CARF standards; and anticipate that bidders will need to meet one of the following conditions:

- Be currently accredited by COA for one or more of the following services – child protective services, family preservation and stabilization services, foster care services, or kinship care services; and affirm their commitment to maintain accreditation during the contract period.
- Be currently accredited by JCAHO under the Behavioral Health Care service category; and affirm their commitment to maintain accreditation during the contract period.
- Be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) under the Child and Youth Services category; and affirm their commitment to maintain accreditation during the contract period.
- Indicate in their proposal their commitment to apply for accreditation within one of these 3 organizations within 3 months of being awarded a contract with DHS, obtain accreditation within 21 months of the contract award, and maintain accreditation during the remainder of the contract period.

Q4: Is there going to be a transition plan in place for families?

A4: Yes. We are anticipating a structure similar to the one used in the RSP transition – i.e., there will likely be a “safety net” transition timeframe that will allow the Service Area Manager (SAM) to approve supervision (A-5), parenting services (P-codes) and/or family foster care supervision (C-5) on a limited basis between October 1, 2007 and December 31, 2007, while the contractors for the new services get up

and running. This would be limited to families that have not made the transition to the new services and would be only on a very limited basis.

Q5: Has DHS reconsidered the plan to contract with up to two providers in ten geographic areas and to assign cases equitably between the two?

A5: Yes, we have reviewed the decision, and have determined our original plan will best meet the needs of the children and families we serve.

Q6: Will providers be required to attend Court and/or testify in Court?

A6: That will be up to the individual Judge or counsel of record. We anticipate there will be increased participation in Court by providers. We will expect providers to attend Court hearings if the Court requests their presence.

Q7: Will contractors for child welfare services be expected to coordinate with mental health, substance abuse and domestic violence services?

A7: Yes, we anticipate that contractors will be expected to develop partnerships with providers of mental health, substance abuse and domestic violence services. It is also anticipated that proposals will be scored according to the expectation that contractors develop partnerships with mental health, substance abuse and domestic violence services.

Q8: What will the performance based contract look like?

A8: We anticipate the contract will have 2 types of payment for Safety Plan Services and 2 types of payment for Safety, Risk and Permanency Services. Details will be spelled out in the RFP.

- Safety Plan Services
 - Payment for meeting certain process benchmarks (e.g., meeting minimum requirements for timely contact with the child and family)
 - Payment for achieving specified outcomes (e.g., no confirmed abuse)
- Safety, Risk and Permanency Services
 - Monthly case rate
 - Payment for achieving specified outcomes (e.g., no confirmed abuse)

Q9: What does DHS see as the benefits of procuring services in this new manner?

A9: There are several benefits to DHS and the children and families we serve.

- DHS workers will be able to access appropriate services for conditionally safe families during the course of a protective or CINA assessment.
- Tight time frames for provider response to referrals will help DHS ensure that the contractor promptly gets involved with a referred family, and keep DHS posted on the family's progress. Safety Plan Services require that the contractor respond to DHS within an hour, and see the family within 24 hours.
- Ongoing services will be more flexible and individualized, and better able to focus on the family issues that have contributed to the family's abuse or CINA situation.
- Because the contractor must make services available throughout the entire service area, counties or more rural areas which have lacked service providers because they lacked a critical mass of families to be served, DHS workers can now be assured that services will be available for all their eligible families.
- Contractors will have clear performance expectations that align with the Child and Family Service Review (CFSR) and will be evaluated to ensure performance goals are achieved.

Q10: How long with contracts be awarded for?

A10: We anticipate awarding 2-year contracts, with up to 4 additional 1-year extensions at the sole discretion of the Department.

Q11: Will families that are referred for Safety Plan and Safety, Risk and Permanency Services be eligible for other services provided by DHS or other state agencies?

A11: We anticipate that families referred to Safety Plan and Safety, Risk and Permanency Services could also be authorized for the following DHS funded child welfare services – drug testing, family team meeting facilitation, legal services for permanency, foster care maintenance payments, shelter care

maintenance and service payments, group care maintenance and service payments, supervised apartment living maintenance and services, and protective child care assistance. We also anticipate that contractors will help families connect to other services for which they might be eligible – e.g., Early Access, Head Start, Medicaid remedial services program (RSP), the Children’s Mental Health Waiver, Medicaid’s Iowa Plan for Behavioral Health Care, HAWK-I insurance program for children, food assistance programs, and income support programs such as the Family Investment Program (FIP), etc.. Children and families can not receive Safety Plan services and Safety, Risk and Permanency Services concurrently.

Q12: Who will decide what specific interventions to use with a specific child and family?

A12: We anticipate that providers will have flexibility on which interventions are delivered at different times during case involvement. The types of interventions delivered will be based on Department and contractor assessment of children and family needs, directed by the results of family team meetings in which family perspectives on concerns and service needs are included, and sufficient to address the safety, risk and permanency issues in each case. Contractors will be expected to use evidence-based or promising practices to the greatest extent possible in their service delivery.

Q13: What will be the role of the DHS caseworker?

A13: The DHS caseworker’s role will include the following:

- Interacting with the family in a respectful and strength-based manner.
- Assessing the strengths, concerns, and needs of the child and family as they relate to the child’s safety, permanency and well-being.
- Engaging the child and family, and service providers, in development and review of the Department family case plan.
- Arranging for services to protect children in their own homes and prevent their removal.
- Maintaining a pattern of regular visits with the child and family.
- Monitoring service delivery and progress towards outcomes, and determining when to close the case.
- Making recommendations concerning the child and family to the court and other involved parties.
- Ensuring that a diligent search for relative placement resources is made and that relatives are considered if placement of the child is necessary.
- Coordinating the provision of services to address the identified needs of the child, parents and substitute caregivers.
- Ensuring that there is an assessment of the mental health, educational, and physical health needs of the child, and that necessary services are provided.
- Coordinating efforts to place children in proximity to the parental home and placing siblings together whenever possible.
- Ensuring that children in placement have visitation and other contact opportunities with their parents and siblings.
- Ensuring that children’s connections to their family, friends, neighborhood, community, cultural heritage and faith are maintained, as well as working to connect families to informal support systems within their communities to promote family self reliance.

It is expected that the DHS case manager and the contractor staff will work in partnership, and that in many of their service delivery activities, contractors will perform tasks to support successful completion of DHS staff’s case management role.

Q14: How will providers find out when the RFP is released?

A14: Below is the address of the Department of Administrative Services website that includes all state procurements. Providers should watch this website. DHS will also announce the RFP release on the child welfare webpage: <http://bidopportunities.iowa.gov/>

Q15: How will DHS evaluate the bids that are received?

A15: DHS anticipates establishing 8 evaluation committees (1 for each Service Area) that will independently evaluate each proposal. The evaluation factors and criteria will be included in the RFP.